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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09550669

Total Fee Calculation

	Fee Code	Total # Claims	Number Entered	X	Fee	Fee	Total
	Sm/Lg				Sm Entry	Lg Entry	
Basic Filing Fee	2910101						<u>690.00</u>
Total Claims > 30	2910101	<u>50</u>	<u>30</u>	X			<u>540.00</u>
Independent Claims > 1	2920001	<u>4</u>	<u>1</u>	X			<u>78.00</u>
Multiple Dep Claim Present	2940104						
Surcharge	2050101						<u>130.00</u>
English Translation	119						
<u>TOTAL FEE CALCULATION</u>							<u>1,438.00</u>

Fees due upon filing the application

Total Filing Fees Due = \$ 1,438.00

Less Filing Fees Submitted = \$ 1

BALANCE DUE = \$ 1,438.00

B. Alexander
Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	50 minus 20 =	30
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	30	Minus	30	0
	Independent	4	Minus	4	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	540.00
X39=		OR	X78=	78.00
+130=		OR	+260=	
TOTAL		OR	TOTAL	1380.00

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	**	=
	Independent		Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	**	=
	Independent		Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.